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## APPLICANTS

Michael D. Estlick, Woburn, MA;  
Harry R. Fair III, Arlington, MA;  
David R. Akeson, Brookline, MA;

\*\* CONTINUING DATA \*\*\*\*\*

None nck

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None nck

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Estlick</u> <u>FAIR</u> <u>AKESON</u> Examiner's Signature Initials				

## ADDRESS

62663

## TITLE

Partial address compares stored in translation lookaside buffer

<b>FILING FEE RECEIVED</b> 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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